

# STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE

DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PARKWAY, 3<sup>rd</sup> FLOOR
NASHVILLE, TENNESSEE 37243

TELEPHONE: 615-741-1322 FAX: 615-741-1583

#### REGULATION FOR SEASONAL AND RETAIL FIREWORKS SALES

- 1. Only Class C (Consumer Fireworks) (1.4g) may be sold. Illegal fireworks shall be confiscated by the State Fire Marshal.
- 2. Fireworks must be stored at least 10 feet away from windows where the sun may shine through.
- 3. A "FIREWORKS-NO SMOKING" sign, with letters not less than 4 inches high, must be posted and visible. Smoking must not be permitted within 10 feet of fireworks.
- 4. The State license must be accurate for the address location and be posted in a conspicuous place.
- 5. Extension cords and wiring, when used outdoors, must be listed for wet locations, and be protected against physical damage. NFPA 70, 525-20 (A)
- 6. Ground fault interrupter protection must be used for power cords that supply power to tents and other outside locations. NFPA 70, 525-23
- 7. Electrical wiring inside tents and other outdoor locations shall be securely installed, without splices, and lamps shall be protected from accidental breakage by a suitable fixture or guard. NFPA 70, 525-21 (B)
- 8. The area around the fireworks shall be kept free of combustible materials and storage.
- 9. Heating devices shall be kept a minimum of 10 feet from all fireworks and combustibles.
- 10. Portable firefighting equipment shall be provided at each location.



#### STATE OF TENNESSEE

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PERMITS AND LICENSING UNIT
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER
THIRD FLOOR
NASHVILLE, TN 37243-1159
(615)-741-1322 - 615-741-1583 (Fax)

### **APPLICATION FOR FIREWORKS PERMIT**

(Pursuant to Title 68, Chapter 104, Tennessee Code Annotated)

•	,	'		,
PLEASE CHECK ONE:				
Distributor \$750.00	Manufacture	er \$750.00		Retailer \$750.00
Wholesaler \$500.00	Seasonal R	etailer \$100.00		
CHECK OR MONEY ORDER NSURANCE	SHOULD BE MA	DE PAYABLE TO	O DEPAI	RTMENT OF COMMERCE AND
Please print or type: All que	stions must be a	nswered before	applica	tion will be processed
Name of Firm				
Mailing Address				
City	State_	Zip	Tele	phone # ( )
Fax # ( )				
Name of Owner				_ Date of Birth//
Social Security #		Telephone	e # (	)
Name of Operator		Date of Birth		Social Security #
LOCATION OF BUSINESS				
Address			Tele	ephone # ( )
City	State	Zip		County
Did you obtain a fireworks permit	last year? Yes	No If yes	, what typ	e of permit?
Will fireworks be located at this lo	cation year round?	Yes		No

Is there any other business condu	icted at this location? Yes I	No If yes, what kin	nd of business?	
STORED within 50 feet of firework	Paints, Oils, or Otheks at this location? Yes	No		
Have you been convicted of violat	ting the fireworks law of this state or	any other jurisdiction? Yes	s No	
If yes, please explain:				
List below the names, addresses,	and permit numbers of all firms from	n which you purchase firew	orks:	
Name of Company	<u>Address</u>	<u>Permi</u>	t Number	
LAWS FOR THE STATE OF T	IAVE RECEIVED WITH THIS AF ENNESSEE AND THAT I HAVE LL ANSWERS GIVEN ARE TRUI	READ AND UNDERST	AND SAID LAWS. I	
SIGNATURE OF APPLICANT	DAT	E	_	
ANNUAL AND SEASONAL R	ETAILERS PLEASE COMPLET	E BELOW:		
The Chief Executive Officer of the the following statement:	County or Municipality wherein suc	h fireworks are to be sold n	nust complete and sign	
Date County	/ City (if app	olicable)		
Is it permissible for fireworks to be	e sold at the location listed on this ap	oplication? Yes	No	
Signature	Printed Name	Title	Title	

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